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| Total paid: \$ (office use only) |
| Receipt number: (office use only) |



Virginia Alcoholic Beverage
Control Authority

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|-------------------------------------|
| Agent: (office use only) |
| Record number: (office use only) |

www.abc.virginia.gov/licenses | 804.213.4400 | 7450 Freight Way • Mechanicsville VA 23116 | PO Box 3250 • Mechanicsville VA 23116

INDUSTRIAL ALCOHOL PERMIT APPLICATION

A. INSTRUCTIONS

1. Print legibly in black ink.
2. Read thoroughly and complete all applicable sections.
 - *Organization*: Complete Sections B–D, F–K
 - *Individual*: Complete Sections B, E–K
3. Mail the following items to the address below:
 - *Completed application*
 - All required documents
 - *Nonrefundable application fee of \$50*

Virginia Alcoholic Beverage Control Authority
License Records Management
PO Box 3250
Mechanicsville, VA 23116

B. BUSINESS LOCATION

1. Facility Establishment Name: (if applicable) _____
2. Address: (street) _____
(city/town) _____ (state) _____
(zip + 4) _____

C. PERMITEE-ORGANIZATION

DIRECTIONS: If the organization is applying directly for a license then section D is required to be completed with an associated individual's contact information.

1. Facility Establishment Name/Trade Name: _____
2. Primary Phone Number: _____
3. Address: (street) _____
(city/town) _____ (state) _____
(zip + 4) _____

D. ASSOCIATED INDIVIDUAL

1. Individual First Name and Last Name: _____
2. Preferred method of contact: ☐ Phone ☐ Email ☐ Postal Mail
3. Primary Phone Number: _____
4. Email Address: _____

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E. PERMITEE-INDIVIDUAL

1. First Name, Last Name: _____
2. Primary Phone Number: _____
3. Address: (street) _____
(city/town) _____ (state) _____
(zip + 4) _____

F. INDUSTRIAL ALCOHOL INFORMATION

1. Is permittee classified as a US government agency, religious organization or Virginia public university? ☐ Yes ☐ No
2. Is the product being transported to your facility an alcoholic beverage? ☐ Yes ☐ No

G. ALCOHOL INFORMATION

| Product Name | Alcohol Type | Amount (gals) |
|--------------|--------------|---------------|
| | | |
| | | |
| | | |

| Vendor Name | Vendor Email | Total Delivered Cost |
|-------------|--------------|----------------------|
| | | |
| | | |
| | | |
| | | |

H. APPLICATION FEES

Application Fee: \$50; for alcoholic beverages add 5% mark-up. Calculating Annual Application Fees for Alcohol and/or Alcoholic Beverages:

| Kind of Alcohol/Alcoholic Beverage | Amount (gals) | Fees | **5% Mark-Up | Total Fees |
|------------------------------------|---------------|------|--------------|------------|
| | | | | |

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INDUSTRIAL ALCOHOL PERMIT APPLICATION

I. DELIVERY INFORMATION

When approved by the Virginia Alcoholic Beverage Control Authority, this document permits transportation of listed alcohol products into the Commonwealth of Virginia.

The applicant agrees that alcohol and/or alcoholic beverages purchased under a permit will be used only for lawful purposes in the Commonwealth of Virginia and agrees to abide by the rules and regulations of the Virginia Alcoholic Beverage Control Authority.

1. Contact Person: _____
2. Primary Phone Number: _____
3. Delivery Address: (street) _____
(city/town) _____ (state) _____
(zip + 4) _____

J. APPLICANT'S SIGNATURE

I swear or affirm under penalty of law that the information on this application and all the attachments are true and accurate. I understand that falsification and/or misrepresentation of information may result in refusal of the license(s) and/or criminal charges.

Signature: _____ Date signed: _____
Print name: _____ Title: _____

K. REQUIRED DOCUMENTS

DIRECTIONS: Provide officials with the following required documents at time of submittal.

1. Federal Motor Safety Information
2. Supporting Documentation